

P22000091048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rely Telehealth Plus Inc.
Name of Corporation

DOCUMENT NUMBER: P22000091048

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Smith

Name of Contact Person

Rely Telehealth Plus Inc.

Firm/Company

3110 1st Ave N Suite 2M 1059

Address

Saint Petersburg, FL 33713

City/State and Zip Code

admin@relythp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Smith

Name of Contact Person

at (727) 426-2900

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rely Telehealth Plus Inc.
2. The principal office address: 3110 1st Ave. N Suite 2M 1059, Saint Petersburg FL 33713
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-1-2023 Document number: P22000091048
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Derrick Huckleberry

225 E Robinson Street Suite 570

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sandra Smith

3110 1st Ave N Suite 2M 1059

P.O. Box NOT acceptable

Saint Petersburg FL 33713

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sandra Smith

Signature of an officer or director

Sandra Smith, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sandra Smith

Signature of Registered Agent

8-29-24

Date

If signing on behalf of an entity:

Sandra Smith

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

STATE
TALLAHASSEE
FLORIDA

2024 SEP -6 AM 8:52

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